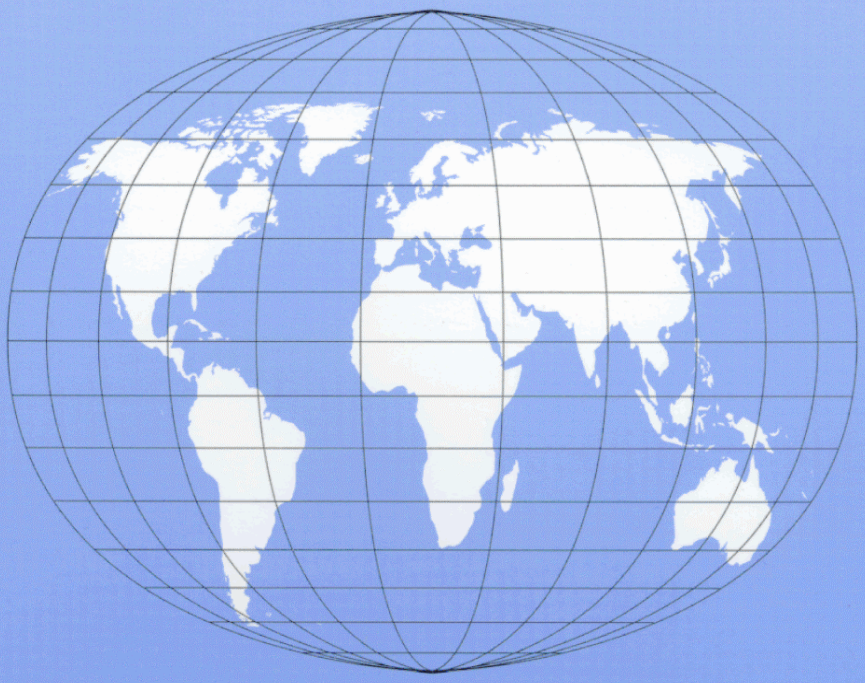
Report of Audit

Audit of USAID/Uganda's Monitoring of the Performance of Its HIV/AIDS Program

Report No. 4-617-02-004-P
March 12, 2002



PRETORIA, SOUTH AFRICA
OFFICE OF INSPECTOR GENERAL
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

U.S. Agency for
INTERNATIONAL
DEVELOPMENT
RIG/Pretoria

March 12, 2002

MEMORANDUM

FOR: Mission Director, USAID/Uganda, Dawn M. Liberi

FROM: Acting Regional Inspector General/Pretoria, Nancy J. Lawton

SUBJECT: Audit of USAID/Uganda's Monitoring of the Performance of Its HIV/AIDS Program - Audit Report No. 4-617-02-004-P

This memorandum is our report on the subject audit. In finalizing this report, we considered management's comments on our draft report. We have included those comments, in their entirety, as Appendix II to this report.

This report contains one recommendation. Based on your response describing corrective actions begun, a management decision has been reached for Recommendation No. 1. Please advise the Bureau for Management, Office of Management Planning and Innovation, Management and Innovation Control Division (M/MPI/MIC), when final action is complete.

I appreciate the cooperation and courtesy extended to my staff during the audit.

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Summary of Results

Over the last three years, USAID funding for HIV/AIDS has increased dramatically—from $142 million in fiscal year 1999 to over $300 million in fiscal year 2001. This increase has created a demand for greater accountability on the part of USAID and its operating units, both as to monitoring progress and achieving intended results. (See pages 4-5.)

USAID procedures for monitoring programs, including its HIV/AIDS programs, are contained in its Automated Directives System (ADS). The ADS sets forth requirements that operating units must follow in managing their programs, such as the establishment of indicators, identification of data sources, and planned methods by which data are to be collected. RIG/Pretoria tested USAID/Uganda's monitoring of its HIV/AIDS program against eleven controls contained in the ADS. USAID/Uganda has successfully implemented ten of the controls but has yet to implement one. To ensure that data agree to source, we recommend that USAID/Uganda establish and implement procedures to monitor its partners' methods of data collection. (See pages 5-8.)

USAID uses results-oriented management to reasonably ensure that programs are achieving their intended results. USAID/Uganda uses seven performance indicators to manage its HIV/AIDS program. RIG/Pretoria tested four at the strategic objective level: (1) HIV Prevalence, (2) HIV Testing and Counseling, (3) HIV Counseling, and (4) Socially Marketed Condoms. The performance data for these four indicators showed that the Mission was achieving intended results for the first and last performance indicators. The review also showed that, although USAID/Uganda did not achieve intended results for the second and third indicators, it was making progress toward achieving the targets. (See pages 9-18.)

To improve the monitoring process for its HIV/AIDS program, USAID has drafted monitoring and evaluation guidance, "USAID's Expanded Response to the Global HIV/AIDS Pandemic." The guidance establishes several global targets USAID expects to achieve as a result of the additional funding it anticipates receiving. The guidance also requires missions to routinely monitor and evaluate their HIV/AIDS programs using standard indicators. As a recipient of significant additional funding, USAID/Uganda is preparing to meet these additional monitoring requirements. The results of RIG/Pretoria's review indicate that the Mission is making progress toward meeting HIV/AIDS reporting requirements contained in the newly drafted guidance. (See pages 18-19.)

Background

USAID funding for HIV/AIDS has increased over the past three years – from $142 million in fiscal year 1999 to over $300 million in fiscal year 2001. USAID is organizing its response to HIV/AIDS around the three categories of countries: rapid scale-up, intensive focus, and basic. These categories were developed based on 1) the amount of resources that USAID intends to apply and 2) expectations as to when a measurable impact might be achieved. For example, USAID defines rapid scale-up countries as those that will receive a significant increase in resources to achieve measurable impact within one to two years. Uganda, a country of 23 million people, is one of the four rapid scale-up countries. (See Appendix III for a more complete description of these categories.)

Table 1 provides information on USAID/Uganda's funding for its HIV/AIDS program for fiscal years 1999-2001.

Table 1
USAID/Uganda
Total Funding for HIV/AIDS
Fiscal Years 1999-2001
(millions of dollars)

Fiscal Year	Bi-Lateral Program Funding	Field Support Funding	Total Funding
1999	$4.4	$2.6	$7.0
2000	3.6	3.3	6.9
2001	9.0	3.3	12.3

NOTE – USAID/Uganda provided the data, which were not audited.

A structured Government response to the HIV/AIDS epidemic in Uganda dates back to 1986 when an AIDS Control Programme was created in the Ministry of Health. In recognition of the fact that HIV/AIDS has causes and consequences far beyond the health sector, the Uganda AIDS Commission was established in 1992 by Statute of Parliament, placed under the Office of the President, and tasked with coordinating the multi-sectoral efforts against the epidemic. By 1993, the "Multi-sectoral Approach to the Control of AIDS" was developed and adopted as the National Policy and Strategy against HIV/AIDS. This policy calls for the individual and/or collective involvement of everyone, according to his or her capacity, and is a mandate to fight the epidemic. The national response has thus been characterized by a policy of openness backed by effective political support from the highest level of government. In short, the success of Uganda's HIV/AIDS program can be attributed to the Government of Uganda's good leadership in addressing the problem, and as well as to the Ugandans' early acceptance of the disease as a major health threat.

Audit Objectives

This audit is one of a series of audits being conducted worldwide of USAID's monitoring of the performance of its HIV/AIDS program at the mission level. The Performance Audits Division of USAID's Office of Inspector General is leading the audits. Regional Inspector General, Pretoria (RIG/Pretoria) conducted this audit.

The audit objectives and its scope and methodology were developed in coordination with USAID's HIV/AIDS Division in the Bureau for Global Programs, Field Support and Research. RIG/Pretoria performed this audit in Kampala, Uganda to review USAID/Uganda's HIV/AIDS program and, specifically, to answer the following audit objectives:

- Did USAID/Uganda monitor performance of its HIV/AIDS program in accordance with Automated Directives System guidance?
- Is USAID/Uganda achieving intended results from its HIV/AIDS program?
- What is the status of USAID/Uganda's efforts to meet anticipated HIV/AIDS reporting requirements?

Appendix I describes the audit's scope and methodology.

Audit Findings

Did USAID/Uganda monitor performance of its HIV/AIDS program in accordance with Automated Directives System guidance?

USAID/Uganda (Mission) generally monitored performance of its HIV/AIDS program in accordance with USAID's Automated Directives System (ADS). ADS 203 outlines USAID's policies and procedures for implementing performance monitoring systems. However, one area of the Mission's performance monitoring system that should be improved is that data in the performance data tables should agree to source documents.

USAID/Uganda's performance monitoring plan included seven performance indicators, which the Mission used to monitor its HIV/AIDS activities. To focus testing, a sample of four HIV/AIDS performance indicators at the strategic objective level was selected for review: (1) HIV Prevalence; (2) HIV Testing and Counseling; (3) HIV Counseling; and (4) Socially Marketed Condoms. In accordance with the ADS, the Mission prepared a detailed plan, which included most of the required eleven controls (see Appendix IV). The plan included controls such as:

- definition of indicators
- identification of data sources
- description of data collection methods
- specification of data collection schedules
- assignment of responsibility
- disclosure of data limitations
- description of quality assessment procedures

In addition, the Mission established baselines for the indicators in the plan. Regarding data quality assessments, the Mission reviewed the data assessments performed by its partners. As a further check for data consistency, the Mission used other monitoring tools, such as independent surveys and evaluation reports.

However, based on comparisons of data in the performance data tables to that submitted by the Mission's partners, the results showed that data did not agree to source documents. Further review indicated that the discrepancies were caused by inconsistencies in the methods of data collection.

Performance Data Did Not Agree to Source Documents

ADS 203 states that performance data should be as complete, accurate, and consistent as management needs and resources permit. In addition, to be useful in managing for results and credible for reporting, performance data should meet reasonable standards of validity, timeliness, precision, integrity, and reliability.

Data reliability refers to the stability or consistency of the data collection process. Performance data collected or used by operating units should be reasonably reliable; that is, they should reflect a consistent data collection process from year to year such that managers can be confident that progress toward indicator targets reflects real changes rather than variations in data collection methods.

Comparisons showed the data in the performance data tables did not agree to the source documents submitted by the partners. Further review of the partners' documentation indicated that the discrepancies were caused by inconsistencies in the methods of data collection. Even though the Mission's performance monitoring plan included the required data collection method, the Mission did not always monitor its partners' methods of data collection. The following is a brief description of the partners' data collection methods and the results of data comparisons:

HIV Prevalence – For this indicator, Uganda's Ministry of Health (MOH) routinely gathers data on HIV prevalence among pregnant antenatal-care clients (ages15-19 and 20-24) across four sentinel surveillance sites. Two sites are in Kampala (Nsambya, Rubaga), one in Jinja, and one in Mbarara.

Comparison of fiscal year 1999 data contained in the plan to that submitted by the MOH resulted in no discrepancies. However, the MOH reported partial sets of data for the aforementioned fiscal year because data were not available for all four sentinel sites at the time of the R4 report. Because only a partial set of data was reported, data reliability was compromised.

HIV Testing and Counseling – The AIDS Information Centre reports the number of individuals receiving HIV testing and counseling per year in 3 of 12 Delivery of Improved Services for Health (DISH) districts for this indicator.

Discrepancies were noted in four of the five years of data that were compared. While none of the discrepancies met the threshold for materiality, the data comparisons indicated that the number of non-AIC facilities where data were collected changed from one year to the next. For example, in 1997 data were obtained from 14 non-AIC facilities; in 1998 data were obtained from 26 non-AIC facilities. Furthermore, AIC gave a number of possible explanations for the discrepancies such as (a) data are received late due to transport problems; (b) cards are not collected on time due to absence of responsible officials; and (c) calendar-year reporting and financial-year reporting could conflict. Based on the above facts, inconsistencies in the data collection method have compromised the reliability of the data.

HIV Counseling – For this indicator, The AIDS Support Organization (TASO) reports the number of new clients counseled in four DISH districts (Kampala, Mbarara, Jinja, and Masaka) where TASO centers are located.

Comparison of data from the performance data table to that reported by TASO identified discrepancies, which met the defined materiality threshold of plus or minus five percent, in two of the five years of data submitted. For example, in 1998, TASO reported that the annual number of new HIV-positive individuals counseled in target districts was 5,678; however, TASO's supporting document showed 4,900 HIV-positive individuals. This is 13.7 percent less than the number reported. Again, in 2000, TASO reported that 4,156 HIV-positive individuals were counseled; the supporting document indicated 4,461 HIV-positive individuals, which is 7.34 percent more than the number reported. TASO explained that the discrepancies could have been caused either by differences in reporting periods or late submission of data adjustments.

In addition, we reviewed the Centers for Disease Control's quality assessment of TASO's data and noted that officials from both organizations recognized that there were no definite guidelines on when and how to collect data. Both parties agreed that this is a training issue needing immediate attention. Based on TASO's explanation and our review, we conclude that data reliability has been compromised because of inconsistencies in the method of data collection.

Socially Marketed Condoms – The Commercial Market Strategies Project provides the annual national number of social marketing condoms sold to distributors for this indicator.

The comparison of the 1997 data in the performance monitoring plan (condom sales of 9.5 million) with that submitted by the Commercial Market Strategies (condom sales of 8.9 million) identified a discrepancy which met the defined materiality threshold. The Commercial Market Strategies assumed management responsibility for USAID's social marketing activities in November 1998 and did not have supporting documentation for the discrepancy of 0.6 million in condom sales. However, the Commercial Market Strategies gave the following possible explanations for the discrepancy: (a) the possibility of samples distributed for free being included in one report, but excluded from another; or (b) differences in reporting periods.

In summary, ensuring performance data is complete, accurate, and consistent is a key control in monitoring the performance of the Mission's HIV/AIDS program. This is achieved by ensuring that the data reported agree to source documents. To fully comply with ADS 203, Mission officials should address this control by monitoring the methods of data collection. According to ADS 203, performance monitoring systems should gather comparable data periodically to measure progress. In addition, when planning the method of data collection, an important factor to consider is management's need for timely information for decision-making. To make USAID/Uganda's performance monitoring system fully compliant with ADS 203, we recommend the following:

> **<u>Recommendation No. 1</u>: We recommend that USAID/Uganda establish and implement procedures to monitor its partners' methods of data collection.**

Is USAID/Uganda achieving intended results from its HIV/AIDS program?

USAID/Uganda achieved its intended results for two of the four performance indicators selected for review. In fiscal year 1999, USAID/Uganda achieved its targets for HIV prevalence and in fiscal year 2000, for socially marketed condoms.

Although the Mission did not achieve its fiscal year 2000 targets for HIV testing and counseling and HIV counseling, we believe this was due, in part, to circumstances beyond the Mission's control. Intended results were not achieved for HIV testing and counseling in fiscal year 2000 primarily because strategies to improve performance were not implemented due to lack of funding. While intended results were not achieved for HIV counseling, according to the Mission there was an increase in medical visits. The Mission planned to reconsider targets for both these indicators once the new strategies supported by funding under the LIFE[1] Initiative were defined.

Office of Management and Budget Circular A-123 requires that agencies and individual federal managers take systematic and proactive measures to develop and implement management controls for results-oriented management. It goes on to state that management controls are the policies and procedures used to reasonably ensure that programs achieve their intended results. These controls consist of establishing indicators to manage for results, collecting baseline data for these indicators prior to project intervention, setting targets for these indicators, periodically collecting data to monitor results, and assessing the quality of the data being collected.

USAID/Uganda used seven performance indicators to manage its HIV/AIDS program, four at the strategic objective level and three at the intermediate results level. We tested the following strategic objective level indicators:

- HIV prevalence
- HIV testing and counseling
- HIV counseling
- Socially marketed condoms

[1] Leadership and Investment in Fighting an Epidemic (LIFE) – a $100 million increase in U.S. support for sub-Saharan African countries and India, which are working to prevent the further spread of HIV and to care for those affected by the disease. USAID/Uganda received $2.5 million.

According to data gathered by USAID/Uganda to monitor its HIV/AIDS program, the Mission achieved its intended results for two performance indicators—HIV prevalence and socially marketed condoms. But with regard to the other two performance indicators—HIV testing and counseling and HIV counseling—it did not due to circumstances beyond the Mission's control. The four indicators are discussed below.

HIV Prevalence – According to information provided by the HIV/AIDS team, HIV seroprevalence among pregnant women aged 15 to 24 years old is widely used as a proxy for seroprevalence in the wider population. Thus, declining rates in this at-risk group are suggestive of declines in the adult population. The Uganda Ministry of Health's (MOH) sentinel surveillance system is the data source for this indicator. Sentinel surveillance system is the serial collection of HIV prevalence data over time and place in selected groups of the population in order to monitor trends in HIV infection using anonymous, unlinked procedures.

Specifically, the indicator reports the percent of blood samples taken from women aged 15-24 who tested positive for HIV during routine sentinel surveillance at selected antenatal clinics. The data are disaggregated and reported by two age groups. The planned values assume a 10 percent decline in prevalence rates between 1996 and 1997 and a 5 percent annual decline thereafter.

As Table 2 shows, in 1999 USAID/Uganda exceeded its target for a decline in HIV prevalence levels for both 15- to 19-year-old and 20- to 24-year-old antenatal care clients. Furthermore, the table illustrates that USAID/Uganda's performance data from 1997 to 1999 show that HIV prevalence has declined for both age groups.

Table 2
Percent of Blood Samples
Testing Positive for HIV

	15-19-year-old			20-24-year-old		
Year	**Planned**	**Actual**	**Percent Difference**	**Planned**	**Actual**	**Percent Difference**
1997	7.8	8.3	-6.4	15.6	14.6	6.4
1998	7.4	7.3	1.4	14.8	14.0	5.4
1999	7.1	5.9	16.9	14.1	10.4	26.2
2000	6.7			13.3		

Note - Prevalence data for year 2000 was not available in the Mission's FY 2003 R4. MOH provided the data, which were not audited.

However, in its performance data table for the FY 2003 R4, the Mission pointed out that prevalence data for 1999 were based on only three of the four sentinel surveillance sites. Thus, we can only surmise that for 1999 the difference between planned and actual prevalence levels may have been somewhat higher than reported. Nevertheless, we agree that USAID/Uganda achieved its target for year 1999 because the performance data table illustrates a steady decline in HIV prevalence for both age groups.

USAID/Uganda recognized the limitations of the four sentinel surveillance sites in determining HIV prevalence in Uganda. For example, as the epidemic matures, it is expected that fertility will decline among HIV-positive women for behavioral and biological reasons. And there is a lag time between data collection and data analysis due to staffing shortages. Finally, there are limited numbers of test-kits available because of procurement and stock management problems. Thus, the Centers for Disease Control are working with the Ministry of Health to improve the quality of reporting, data analysis and expansion of sites.

Socially Marketed Condoms – Condoms are proven to be successful in preventing the transmission of HIV/AIDS. Socially marketed condoms provide for regular access at reasonable prices outside the public sector supply chain. The Commercial Market Strategies project is the data source for this indicator.

This indicator measures the annual number of social marketing condoms sold to distributors nationwide, specifically, the number of Protector brand condoms sold in all parts of Uganda by Commercial Market Strategies.

As shown in Table 3, in year 2000, the annual number of condoms sold to distributors exceeded the planned amount by more than two million. The table also shows declining condom sales for 1997 to 1999, which can be explained by several significant events.

Table 3
Annual Number of Socially Marketed Condoms Sold
(In Millions)

Year	Planned Sales	Actual Sales
1997	12.0	9.5
1998	10.8	6.4
1999	12.4	4.1
2000	8.0	10.2

Note – CMS provided the data, which were not audited.

During 1997, a new KfW[2]-funded condom social marketing program was launched in Uganda. Between April and October of the same year, the AIDS Control Programme distributed approximately 20 million free condoms. The continued presence and strong performance of the KfW-funded program in 1998 affected condom sales. In 1999 much time was spent resolving packaging issues with the Uganda National Drug Authority, and for a period of six months no Protector condoms were sold to distributors. The repackaging of Protector condoms was expected to boost sales. And, given the jump in condom sales for year 2000, it may well have done so.

The HIV/AIDS program in Uganda has produced positive results due to the combined efforts of USAID and other organizations. For example:

- USAID, as the major contributor and facilitator, has worked closely with the Uganda AIDS Commission, the Ministry of Gender, Labor and Social Development, United Nations Children's Educational Fund and United Nations AIDS (a joint United Nations Programme on HIV/AIDS) to undertake a situational analysis of orphans in Uganda.

- Donor collaboration has significantly contributed to the successful multi-sector approach Uganda has adopted to respond to the HIV/AIDS epidemic. The AIDS Support Organization (TASO) is the first and largest care and support organization in Africa. USAID was one of its initial supporters, willing to take a risk on an unknown indigenous organization. However, many other international donors have come on board to provide critical support to TASO.

- USAID and the Centers for Disease Control jointly funded the Leadership and Investment in Fighting an Epidemic (LIFE) program through an interagency agreement. The program provided the impetus and initial funding for the HIV/AIDS Integrated Model District Program, which is developing comprehensive, integrated HIV/AIDS services in 12 districts. LIFE funding has also enhanced services provided by TASO and the AIDS Information Center.

HIV Testing and Counseling – Voluntary counseling and testing programs are a proven and effective strategy for HIV/AIDS awareness and prevention, promoting behavior change and leading to increased condom use. This indicator identifies voluntary counseling and testing activities attributable to USAID/Uganda support. The AIDS Information Centre (AIC) is the data source for this indicator.

The indicator reports on the annual number of individuals tested and counseled in 3 of 12 DISH (Delivery of Improved Services for Health)

[2] Kreditanstalt fur Wiederaufbau (German Agency for Financial Cooperation)

districts. Planned values are the projected number of persons to receive services through AIC and additional non-AIC facilities in DISH districts.

As shown in Table 4, the number of persons tested and counseled in target areas for calendar year 2000 was 46,806—about 67 percent of the planned target of 70,000. The table also shows that planned values for 1997-1999 were not achieved.

Table 4
Number of Persons Receiving HIV Testing and Counseling

Year	Planned	Actual
1997	50,000	34,502
1998	50,000	45,892
1999	60,000	47,723
2000	70,000	46,806

Note – AIC provided the data, which were not audited.

In its performance data table for this indicator, USAID/Uganda explained that in 2000, planned values were not met primarily because strategies to improve performance were not implemented due to lack of funding. In fiscal year 2000, under the LIFE Initiative, the Mission provided additional funding of $1 million to AIC to improve performance at its sites. Through this additional LIFE funding, AIC was able to support the prevention of mother-to-child transmission program at Mulago Hospital through recruitment and training of counselors. In addition, AIC introduced tuberculosis preventative therapy for HIV-positive clients and developed information, education, and communication materials as part of the behavioral change communication initiatives.

With respect to performance data reported for previous years, as discussed under audit objective one (see page 7, "HIV Testing and Counseling"), the number of non-AIC facilities where data were collected changed from one year to the next. Specifically, in 1997 data was obtained from 14 non-AIC facilities and from 26 non-AIC facilities in 1998. During the audit, the auditors discussed this point with the HIV/AIDS team. The team then took action and, on October 17, 2001, redefined the indicator as *Number of individuals receiving HIV testing and counseling services in 26 non-AIC and 3 AIC facilities in DISH districts.*

During the audit, the auditors visited the AIC in Kampala, Uganda, to review program activities. The AIC Director discussed the program services for voluntary counseling and testing, noting that AIC used rapid HIV tests to provide on-site, same-day HIV testing and results. The Director also explained the partnership between AIC and TASO, which ensures that

individuals who have tested HIV-positive are referred to TASO for follow-up counseling and medical services.

Banner greets clients entering the AIC facility with list of services available to them. (October 2001)

The auditors toured the AIC facilities and observed the modern laboratory, donated by the Centers for Disease Control, where blood samples are tested for the HIV virus. The auditors also looked in on the AIC's data management center, which is responsible for recording all information gathered from the client registration forms. AIC operates four main branches in the Kampala, Jinja, Mbarara and Mbale districts. And AIC collaborates with 20 districts to establish 47 testing sites to provide voluntary counseling and training services. At the end of the tour, The Post-Test Club—which provides long-term support for coping with HIV infection—performed a number of songs.

In summary, although USAID/Uganda did not achieve planned results for HIV testing and counseling as described above, the Mission has taken positive steps to improve performance at the AIC sites.

Clients registering for AIC's voluntary counseling and testing services. (October 2001)

HIV Counseling – Care and support are essential for people living with HIV/AIDS and affected family members and friends. The AIDS Support Organization (TASO) is the data source for this indicator.

The indicator reports the number of new HIV-positive individuals counseled per year in existing TASO centers and also those counseled by the community-based organizations TASO supports. The indicator identifies counseling activities attributable to USAID/Uganda support. Planned values (see Table 5) reflect expected caseloads for TASO and the community-based organizations.

As shown in Table 5, the annual number of new HIV-positive individuals counseled for year 2000 was 4,156—approximately 83 percent of the planned target of 5,000 individuals. However, the table also shows that USAID/Uganda exceeded its target for 1998. For 1997 and 1999, the Mission achieved 99 percent and 97 percent, respectively, of its planned targets.

Table 5
Number of New HIV-Positive Individuals Counseled

Year	Planned	Actual
1997	3,250	3,204
1998	4,000	5,678
1999	4,500	4,377
2000	5,000	4,156

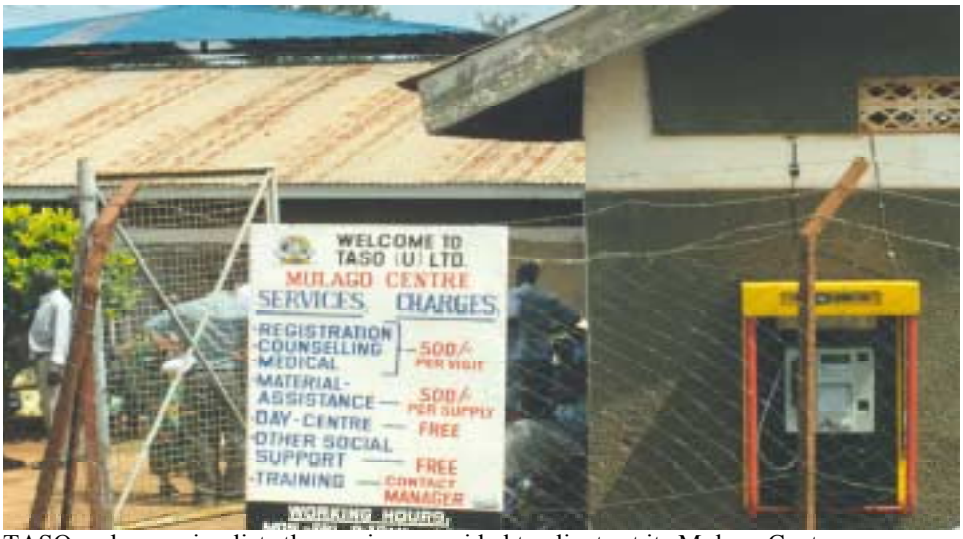
Note – TASO provided the data, which were not audited.

USAID/Uganda explained in its performance data table for this indicator that the decline in the 1999 indicator is attributed to a reduction in food aid for clients at the TASO centers. TASO used to give its clients food commodities such as rice and sugar donated by the European Union through a non-governmental organization, Inter-Aid. Furthermore, a change in policy in May 1999 allowed HIV-positive clients a medical consultation without having to first go through counseling. The Mission further reports that while there was a decline in the number of HIV-positive individuals receiving counseling in 2000, there was an increase in medical visits.

In fiscal year 2000, USAID/Uganda provided additional funding, under the LIFE Initiative, of $800,000 to enhance TASO's performance in the current HIV counseling program. The additional LIFE funding afforded TASO the opportunity to strengthen post-training support to HIV/AIDS initiatives in districts without TASO centers, which is a means for scaling up AIDS services in the country as a whole. In addition, TASO is promoting the use of prophylactic treatment in preventing opportunistic infections. TASO is also increasing youth involvement in prevention programs. Further, TASO is able to expand the scope of its support to vulnerable children affected by HIV/AIDS.

With respect to reported performance data for 1998 and 2000, as discussed under audit objective one (see page 7, "HIV Counseling"), there were differences in the actual number of new HIV-positive individuals counseled. In 1998, the performance data showed 5,678 individuals counseled; in 2000, it showed 4,156. But TASO's supporting documentation for 1998 indicated 4,900 individuals were counseled; in 2000, it was 4,461. However, for purposes of audit objective two, the reporting error had no effect on results for 1998: USAID/Uganda exceeded its performance targets; in 2000, the Mission came closer to achieving its planned targets.

During the audit, the auditors visited TASO/Mulago, one of seven TASO facilities in Kampala, Uganda, to review program activities. TASO's Director discussed TASO's mission, client services and their costs, and TASO's impressive service statistics. For example, in 2000, TASO provided 47,427 counseling sessions and 66,272 medical consultations. TASO has trained 151 counselors and 770 community workers and presented 236 drama performances addressing the HIV/AIDS issue.



TASO welcome sign lists the services provided to clients at its Mulago Centre facility. (October 2001)

The auditors also toured TASO/Mulago's facility, observing that each square foot of TASO's approximately 1,000-square-foot facility is being put to use to serve its clients. As one auditor noted, counseling is conducted in every nook and cranny of the facility. At the end of the tour, TASO's drama/choral group performed community education songs about living positively with HIV/AIDS.


TASO official handing out free condoms to a client. (October 2001)

Due to circumstances beyond USAID/Uganda's control—that is, reduction in food aid and a policy change—the Mission came close to, but did not achieve, its planned results for HIV counseling in 2000.

In conclusion, for the four indicators tested, USAID/Uganda achieved its targets for two indicators used to monitor its HIV/AIDS program—HIV prevalence and socially marketed condoms. The Mission did not achieve its fiscal year 2000 targets for HIV testing and counseling and HIV counseling, but nevertheless made progress toward achieving the targets. We believe circumstances beyond the Mission's control contributed to the situation. In regard to HIV testing and counseling, strategies to improve performance were not implemented due to lack of funding. In the case of HIV counseling, the decline in the 1999 indicator is attributed to a reduction in food aid for clients at the TASO centers. In addition, a change in policy in May 1999 allowed HIV-positive clients to seek medical consultation without having to first go through counseling. However, the Mission took action to resolve the situation by providing additional funding and reconsidering targets for both indicators. Therefore, we are not making any recommendations.

What is the status of USAID/Uganda's efforts to meet anticipated HIV/AIDS reporting requirements?

USAID/Uganda is making progress toward meeting HIV/AIDS reporting requirements contained in USAID's newly drafted guidance.

Due to the significant increase in HIV/AIDS funding from 1999 to 2001, there has been a great deal of interest in monitoring the results of USAID's assistance in this area. In March 2000, USAID's Global Bureau developed a handbook of standard indicators that operating units could use to measure the progress of their HIV/AIDS programs. In March 2001, the United States General Accounting Office issued its report on USAID's fight against AIDS in Africa, which reported the need to be able to better monitor progress. In its report, the General Accounting Office recommended that USAID's operating units adopt standard indicators to measure program performance, gather performance data on a regular basis, and report data to a central location for analysis.

To improve the monitoring process for its HIV/AIDS program, USAID issued its draft monitoring and evaluation guidance, "USAID's Expanded Response to the Global HIV/AIDS Pandemic." This new guidance establishes several global targets USAID expects to achieve with its additional funding and requires missions to routinely monitor and evaluate their HIV/AIDS programs in a definitive, systematic way and to report on their progress. As a "rapid scale-up country," the draft guidance would require USAID/Uganda to implement this enhanced monitoring and reporting system. The system would collect and report information at three levels:

- At the first level, USAID/Uganda would be required, by 2007, to develop a national sentinel surveillance system to report annually on HIV incidence rates so as to measure the overall effect of national HIV/AIDS

prevention and mitigation programs on the pandemic. The standard indicator for this measurement will be HIV prevalence rates for 15- to 24-year-olds. Uganda's sentinel surveillance system was established as early as 1989. Sentinel HIV surveillance is the serial collection of HIV prevalence data over time and place in selected groups of the population in order to monitor trends in HIV infection using anonymous unlinked procedures. USAID supports the Ministry of Health's sentinel surveillance system and relies on its data as part of its performance monitoring plan.

- The second level would require USAID/Uganda to conduct standardized national sexual behavior surveys every three to five years, beginning in 2001. The standard indicators include "number of sexual partners" and "condom use with last non-regular partner." The Mission has access to "condom use with last non-regular partner" through one of its data sources and has the necessary data from the surveillance report on "number of sexual partners."

- At the third level, USAID/Uganda would be required to report annually on its progress toward implementing its HIV/AIDS program and increasing the proportion of the target population covered by the program. The draft guidance lists seven standard indicators that missions might use to measure progress in selected program areas. Presently, USAID/Uganda is using the total number of condoms sold as a standard indicator. The Mission is also collecting data on the number (not percent) of individuals receiving HIV testing and counseling services in targeted areas and the number of new HIV-positive individuals counseled in target districts. In addition, the Mission is collecting data on other indicators related to HIV prevalence and sexually transmitted infections treatment. These indicators are in line with the standard indicators proposed by the guidance.

In summary, USAID/Uganda appears to be well on its way to meeting requirements for collecting all three levels of data under the new guidance. Uganda currently has in place a national surveillance system, which the Mission uses to track its HIV prevalence indicator; and through its partners, the Mission has access to data for a biennial sexual behavior survey. Finally, standard indicators are being used to monitor the progress of USAID-funded activities.

Management Comments and Our Evaluation

USAID/Uganda concurred with the audit finding and recommendation to establish and implement procedures to monitor its partners' methods of data collection.

In its response, the Mission advised RIG/Pretoria of actions taken to address the recommendation. For example, the Mission developed a request for proposal to procure an integrated package of technical assistance for itself and its partners to monitor and report on performance. In addition, the Centers for Disease Control and Prevention, one of the Mission's partners, is developing a formal mechanism to implement activities in its work plan to include monitoring of data quality. Finally, the strategic objective team will include data quality assessments in future site visits.

The Mission also included points for clarification of the report; we have modified the text as deemed appropriate.

Based on USAID/Uganda's response, Recommendation No. 1 is classified as having reached a management decision.

Scope and Methodology

Scope

Regional Inspector General in Pretoria, South Africa, conducted this audit in accordance with generally accepted government auditing standards. The purpose of the audit was to determine (1) if USAID/Uganda was monitoring performance of its HIV/AIDS program in accordance with the ADS; (2) if USAID/Uganda is achieving intended results from its HIV/AIDS program; and (3) the status of USAID/Uganda's efforts to meet anticipated HIV/AIDS reporting requirements.

To focus testing, we asked the Mission to collaborate with us in selecting the most meaningful performance indicators used to monitor the HIV/AIDS program in fiscal year 2000 for our review. Of the seven HIV/AIDS performance indicators in the Mission's performance monitoring plan, the collaboration resulted in the selection of four at the strategic objective level:

1. HIV prevalence among 15- to19- and 20- to 24-year-old pregnant antenatal care clients: Kampala, Jinja, Mbarara (HIV Prevalence)
2. Annual number of persons tested and counseled in target districts (HIV Testing and Counseling)
3. Annual number of new HIV-positive individuals counseled in target districts (HIV Counseling)
4. Annual national number of social marketing condoms sold to distributors (Socially Marketed Condoms)

Determination as to whether intended results had been achieved was based on the fiscal year 2000 results, with the exception of the indicator HIV prevalence. We used fiscal year 1999 data for HIV prevalence because the fiscal year 2000 data was not available in the Mission's Fiscal Year 2003 R4. In addition, we used performance data prior to fiscal year 2000 for comparison purposes in order to prove contentions such as decline in prevalence rate and inconsistency in data collection method. In evaluating for intended results, we recognized that in many cases other entities—as well as the host country—also participated in achieving these results. Fieldwork was conducted at USAID/Uganda and at two of its partners' facilities in Kampala, Uganda between October 10 and November 7, 2001.

Our review of management controls focused on USAID/Uganda's performance monitoring plan and how well the Mission complied with USAID, Office of Management and Budget, and General Accounting Office policies and guidance.

Methodology

To answer the first audit objective, we tested only selected tools, which are contained in ADS 203, used to monitor performance progress. We reviewed the Mission's performance monitoring plan and tested it against the seven controls contained in USAID's ADS 201. We determined whether data quality assessments were completed, baselines were established, and data agreed to source documents. We also obtained information as to what other methods for monitoring HIV/AIDS program performance were being used by the Mission.

To answer the second objective, we analyzed planned and actual data for the indicators presented in the Mission's performance monitoring plan. We also reviewed baseline data and targets and compared actual data to targets, which the Mission had set. Actual data were traced to source documents. However, due to time constraints, we did not trace the source documents to the original documents. For condom sales, we reviewed sales data.

To answer the third objective, we reviewed USAID's "Handbook of Indicators for HIV/AIDS/STI Programs," monitoring and evaluation guidance "USAID's Expanded Response to the Global HIV/AIDS Pandemic" (draft dated February 2001), and the status of the Mission's implementation of this guidance. For all the above efforts, we reviewed applicable federal and USAID regulations and guidance; interviewed Mission officials and reviewed Mission documents; interviewed project officials and reviewed project documents; interviewed program recipients; and visited program sites.

In assessing accuracy, we used two materiality thresholds. First, for transcription error, we used an accuracy threshold of plus or minus one percent. Second, for computation accuracy, we used an accuracy threshold of plus or minus five percent.

Management Comments

United States Agency for International Development

memorandum

TO: Joseph Farinella, Regional Inspector General/Pretoria

FROM: Dawn Liberi, Mission Director, USAID/Uganda

DATE: January 31, 2002

SUBJECT: Draft Audit Report of USAID/Uganda's Monitoring of the Performance of its HIV/AIDS Program – Audit Report No. 4-617-02-XXX-P

Mission received the subject draft report on January 9, 2002. The report includes the following recommendation:

Recommendation No. 1:

> We recommend that USAID/Uganda establish and implement procedures to monitor its partners' methods of data collection.

Mission concurs with the above recommendation. In this respect, Mission has already taken the following actions:

1. Developed an RFP to procure an integrated package of technical assistance (TA) for the Mission and its partners to monitor and report on performance. This TA will include collaboration with the USAID/Uganda Performance Monitoring Specialist and the SO teams to ensure that performance monitoring requirements related to data quality and reliability for each SO and IR indicator, are met. This procurement action is expected to be completed by the end of FY 2002.

2. Mission works closely with the Centers for Disease Control and Prevention (CDC), which provides technical assistance to the surveillance, monitoring and evaluation activities of MOH and key HIV/AIDS partners. CDC is currently in the process of developing a formal mechanism to implement activities in CDC's work plan, which includes monitoring of data quality. This new mechanism is expected to be in place by June 1, 2002. Once finalized, Mission will work with CDC to identify an appropriate means of sharing pertinent information on data quality and identifying appropriate follow-up.

3. The SO team will include data quality assessments in future site visits.

Attached are additional Mission comments on the report which Mission believes would add clarity:

Mission Comments on HIV/AIDS Program Audit

pg. 4 last paragraph: Delete the word resource - "effective political support from the highest level of government." Resource support has come primarily from donors.

Other major factors also attributed to Uganda's success, not just the Government of Uganda leadership e.g., vast community involvement including NGO's, civil society organizations (CSOs) and faith-based institutions as well as donor support.

pg. 8. Need to correct statement under HIV counseling - The majority of TASO clients are referred by AIC; however, TASO does receive non-AIC referred clients. Should read perhaps, "TASO provides counseling and care for clients referred primarily by AIC...."

pg. 10 - Socially marketed condoms – Indicates that CMS did not have supporting documentation for 1997 data discrepancy. During the exit interview it was noted that this information is archived in Washington.

pg. 18 - Would change "entertained" to "performed community education songs about living positively with HIV/AIDS."

Pg. 21 – "SIDA" should be listed as the acronym for Swedish International Development Agency. In the report it is listed as the French acronym for AIDS)

pg. 24 - caption – "...and help them decide whether to undergo HIV testing."....

USAID/Uganda would like to take this opportunity to once again thank the RIG Audit Team for their thorough and professional review of our HIV/AIDS program.

Rapid Scale-Up and Intensive Focus Countries

- Rapid Scale-Up Countries are defined as countries that will receive a significant increase in resources to achieve measurable impact within one to two years. This will result in an extremely rapid scaling-up of prevention programs and enhancement of care and support activities. Rapid Scale-Up countries include:

Cambodia	Kenya	Uganda	Zambia

- Intensive Focus Countries are defined as countries in which resources will be increased and targeted to reduce prevalence rates (or keep prevalence low in low-prevalence countries), to reduce HIV transmission from mother to infant, and to increase support services for people (including children) living with and affected by AIDS within three to five years. Intensive Focus Countries include:

Ethiopia	Nigeria	Brazil
Ghana	Rwanda	India
Malawi	Senegal	Russia
Mozambique	South Africa	
Namibia	Tanzania	

- Basic Countries are defined as countries in which USAID will support host country efforts to control the pandemic. USAID programs will continue to provide assistance, focusing on targeted interventions for populations who engage in high-risk behavior. In these countries, there will be an increased emphasis on maintaining credible surveillance systems in order to monitor HIV trends and allow timely warning of impending concentrated epidemics of HIV. In addition, USAID will assist country institutions to identify additional sources of funding to expand programming.

Appendix IV

Summary of USAID/Uganda's Selected Performance Monitoring Controls

	Performance Monitoring Plan										
Indicator Number and Indicator Name:	1. Indicator Precisely Defined	2. Data Sources Identified	3. Data Collection Method Described	4. Data Collection Schedule Specified	5. Responsibility Assigned	6. Data Limitations Disclosed	7. Quality Assessment Procedures Described*	8. Data Quality Assessment Done**	9. Baseline Established	10. Data Agrees to Source	11. Other Means of Monitoring (If yes, indicate type)
1. HIV Prevalence	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes - Annual Surveillance Reports
2. HIV Testing & Counseling	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes - Annual Evaluation Reports
3. HIV Counseling	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes - Annual Joint External Reviews
4. Socially Marketed Condoms	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes - Sales Reports

* The Mission submitted updated Performance Indicator Reference Sheets, dated October 2001, which included data quality assessment procedures.

** The Mission reviewed data quality assessments performed by their partners, World Health Organization and Centers for Disease Control.